

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 118
Registered No. 549

1. PLACE OF BIRTH

County Gila State _____
District or Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Hector Ramon Arreola { If child is not yet named, make supplemental report, as directed.

3. Sex of Child

Male

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other.

5. No., in order of birth.

6. Legitimate?

7. Date of birth 8-3-30
Month Day Year

8.

FATHER

Full name

Jesus Arreola

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami

10. Color or race

Mex

11. Age at last birthday 30 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

Salesman

14.

MOTHER

Full maiden name

Carlota Gomez

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami

16. Color or race

Mex

17. Age at last birthday 22 (Years)

18. Birthplace (city or place)

(State or country)

Mexico

19. Occupation

Nature of industry

78 W

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

1

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Alive m. on the date above stated.
(Born alive or stillborn.)

Signature

C. E. Drwin

(Physician or midwife).

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

Month, day, year

Address

Miami

Filed

Oct-8-30 C. E. Drwin

Registrar

Registrar

811-803 379